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USDC SDNY
 DOCUMENT
 ELECTRONICALLY FILED
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 DATE FILED: 3/7/08
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 CHAMBER OF
 MAR 11 2008
 JUDGE SCHLEINDLIN

**UNITED STATES DISTRICT COURT
 SOUTHERN DISTRICT OF NEW YORK**

RICHARD ABONDOLO, as Chairman of the Board of
 Trustees of UFCW LOCAL 342 HEALTH CARE FUND,

Petitioner,

-against-

THE KOSHER EMPORIUM OF MERRICK, INC. a/k/a
 KOSHER EMPORIUM,

Respondent.

X

Case No. 07-cv-11094(SAS)(DFE)
 ECF CASE

**JUDGMENT BY
 DEFAULT**

#

X

This action having been commenced on December 7, 2007 by the Petitioner, Richard Abondolo, as Chairman of the Board of Trustees of UFCW Local 342 Commercial Health Care Fund, that maintains places of business at 540 West 48th Street, New York, New York 10036 and 166 East Jericho Turnpike, Mineola, New York 11501, by the filing of a Petition to Confirm an Arbitration Award, and a true copy of the Summons, Petition to Confirm an Arbitration Award, Rule 7.1 Statement, the assigned Judges' Individual Rules, USDC/SDNY Instructions for Filing an Electronic Case or Appeal, USDC/SDNY Procedures for Electronic Case Filing, and USDC/SDNY Guidelines for Electronic Case Filing, having been served on the Respondent, The Kosher Emporium of Merrick, Inc. a/k/a Kosher Emporium ("Kosher" and/or the "Employer" and/or the "Respondent"), that maintains a last known place of business at 1984 Merrick Road, Merrick, NY 11566, on January 3, 2008, by personal service on Mary Beth Huyck, Authorized Agent in the Office of the Secretary of State of the State of New York, authorized to accept

service on behalf of Respondent, and proof of service by the Special Process Server was filed via ECF, and the Respondent not having answered the Petition to Confirm an Arbitration Award, and the time for answering the Petition having expired, it is


ORDERED, ADJUDGED AND DECREED, that the Petitioners have judgment against the Respondent in the total amount of **\$10,593.19** as follows:

- a) Interest @18% per annum, in accordance with the Arbitration Award in the amount of **\$126.30**;
- b) Liquidated damages in the amount of twenty percent (20%), in accordance with the Arbitration Award in the amount of **\$867.26**;
- c) Arbitration Attorneys' fees, in accordance with the Arbitration Award in the amount of **\$800.00**;
- d) Arbitration fees, in accordance with the Arbitration Award in the amount of **\$800.00**;
- e) **Health Care Fund** in the amount of \$4,210.00, plus pre-judgment interest at 9% per annum from July 25, 2007 through February 27, 2008 in the amount of \$104.52 ($4,210 * 9\% = 378.90 / 365 = 1.04 * 218 = \226.72) for a total of **\$4,436.72**;
- f) Attorneys' Fees, costs and disbursements in connection with the enforcement of the Arbitration Award pursuant to ERISA § 1132(g)(2) in the amount of **\$3,562.91**; and it is further

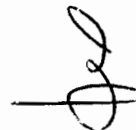
ORDERED, ADJUDGED AND DECREED, that additional attorneys' fees to collect the debt will be billed at the rate of \$350.00 per hour.

Dated: New York, New York

March 7, 2008


Honorable Shira A. Scheindlin
United States District Judge

This document was entered on the docket on _____.



**United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213**

Date:

In Re:

-v-

Case #: ()

Dear Litigant,

Enclosed is a copy of the judgment entered in your case.

Your attention is directed to Rule 4(a)(1) of the Federal Rules of Appellate Procedure, which requires that if you wish to appeal the judgment in your case, you must file a notice of appeal within 30 days of the date of entry of the judgment (60 days if the United States or an officer or agency of the United States is a party).

If you wish to appeal the judgment but for any reason you are unable to file your notice of appeal within the required time, you may make a motion for an extension of time in accordance with the provision of Fed. R. App. P. 4(a)(5). That rule requires you to show "excusable neglect" or "good cause" for your failure to file your notice of appeal within the time allowed. Any such motion must first be served upon the other parties and then filed with the Pro Se Office no later than 60 days from the date of entry of the judgment (90 days if the United States or an officer or agency of the United States is a party).

The enclosed Forms 1, 2 and 3 cover some common situations, and you may choose to use one of them if appropriate to your circumstances.

The Filing fee for a notice of appeal is \$5.00 and the appellate docketing fee is \$250.00 payable to the "Clerk of the Court, USDC, SDNY" by certified check, money order or cash. **No personal checks are accepted.**

J. Michael McMahon, Clerk of Court

by: _____

, Deputy Clerk

APPEAL FORMS

United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

-----X		
		NOTICE OF APPEAL
-V-		
		civ. ()
-----X		

Notice is hereby given that _____
(party)
hereby appeals to the United States Court of Appeals for the Second Circuit from the Judgment [describe it]

entered in this action on the _____ day of _____ , _____ .
(day) (month) (year)

(Signature)

(Address)

(City, State and Zip Code)

Date: _____ () _____ - _____
(Telephone Number)

Note: You may use this form to take an appeal provided that it is received by the office of the Clerk of the District Court within 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 1

APPEAL FORMS

Docket Support Unit

Revised: March 4, 2003

500 Pearl Street, New York, N.Y. 10007-1213

civ. ()

notice of appeal within the required number of days because:

[Explain here the “excusable neglect” or “good cause” which led to your failure to file a notice of appeal within the required number of days.]

Revised: March 4, 2003

civ. ()

- Revised: March 4, 2003

United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

-----X		
		AFFIRMATION OF SERVICE
-V-		
		civ. ()
-----X		

I, _____, declare under penalty of perjury that I have
served a copy of the attached _____

upon _____

whose address is: _____

Date: _____
New York, New York

(Signature)

(Address)

(City, State and Zip Code)

FORM 4

APPEAL FORMS